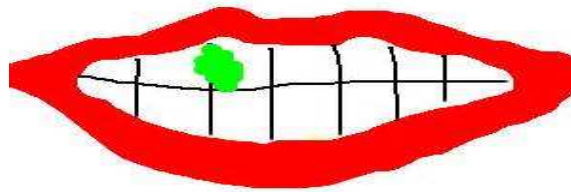


Nebraska State Office of Rural Health in Partnership with CAH Link

August 11th, 2016

Tad Hunt, Account Leader & Executive Coach

SPINACH IN YOUR TEETH



StuderGroup®
a Huron Healthcare solution

PARTNER 

StuderGroup®
a Huron Healthcare solution

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So.....What am I?



Today's Agenda

Evidence-Based LeadershipSM & AIDET[®] + Promise

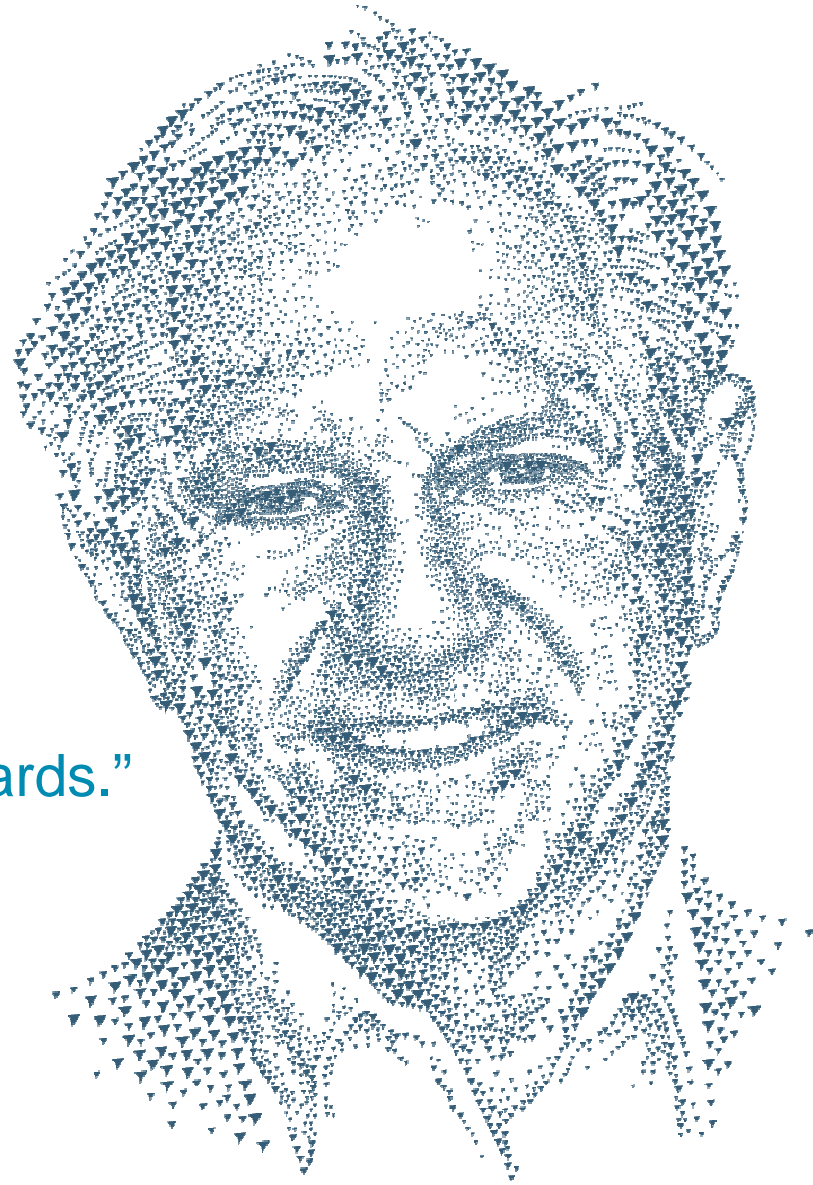
Employee Engagement: Aligning Behaviors with Rounding, TYN's & Stop Light Reports

Patient Experience: Aligning Behaviors with Rounding on Patients

Aligning Accountability: "Spinach in Your Teeth"

Performance Appraisal and Accountability Process to Move Performance

“Being a leader in healthcare today is like continuously walking up a down escalator. If one stands still they go backwards.”
— Quint Studer



Just A...



We Are Studer Group®

Mission

To make healthcare a better place for employees to work, physicians to practice medicine, and patients to receive care.

Vision

To be the intellectual resource for healthcare professionals, combining passion with prescriptive actions and tools, to drive outcomes and maximize the human potential within each organization and healthcare as a whole.

Culture: Our Expertise

BUILD SKILLS

- Educational Conferences
- Speakers
- Books
- Videos
- Online learning



TRAINING

GET RESULTS

Fast improvement on a key organizational metric, e.g. patient experience, care giver & physician engagement, ED turnaround



IMPROVEMENT

CHANGE CULTURE

Comprehensive organizational transformation through expert coaching to hardwire evidence-based practices across the board



TRANSFORMATION

About Studer Group

What We Do

- Apply evidence-based tactics to achieve and sustain exceptional clinical, operational, and financial outcomes
- Develop web-based software accelerators for operational alignment and process efficiency
- Provide a wealth of educational resources—including books, training videos, webinars, and institutes

Awards

- Received the 2010 Malcolm Baldrige Quality Award
- Ranked #5 on Great Place to Work® 2014 Best Small & Medium Workplaces List



By The Numbers

- Works with hundreds of healthcare organizations worldwide
- Employs over 80 professional coaches and 40 speakers

Sample of Studer Group Partners

Current partners (clients) span the spectrum of hospitals and health systems.

Healthcare Systems / Community Hospitals



Academic / Teaching Hospitals



Specialty Hospitals



Physician Practices



Rural and Critical Access Hospitals



Canadian Hospitals



Additional Healthcare Partners



Combined Solution for Top CEO Issues

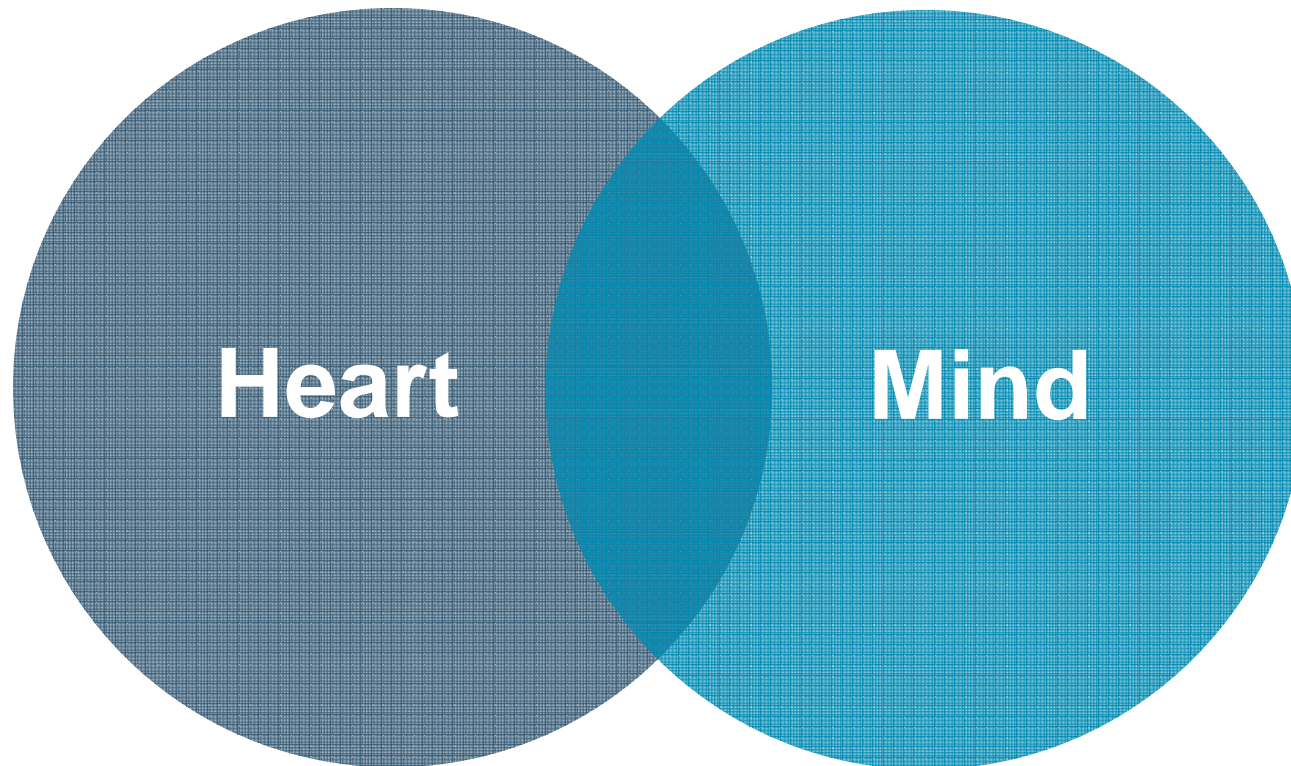
Top Issues*



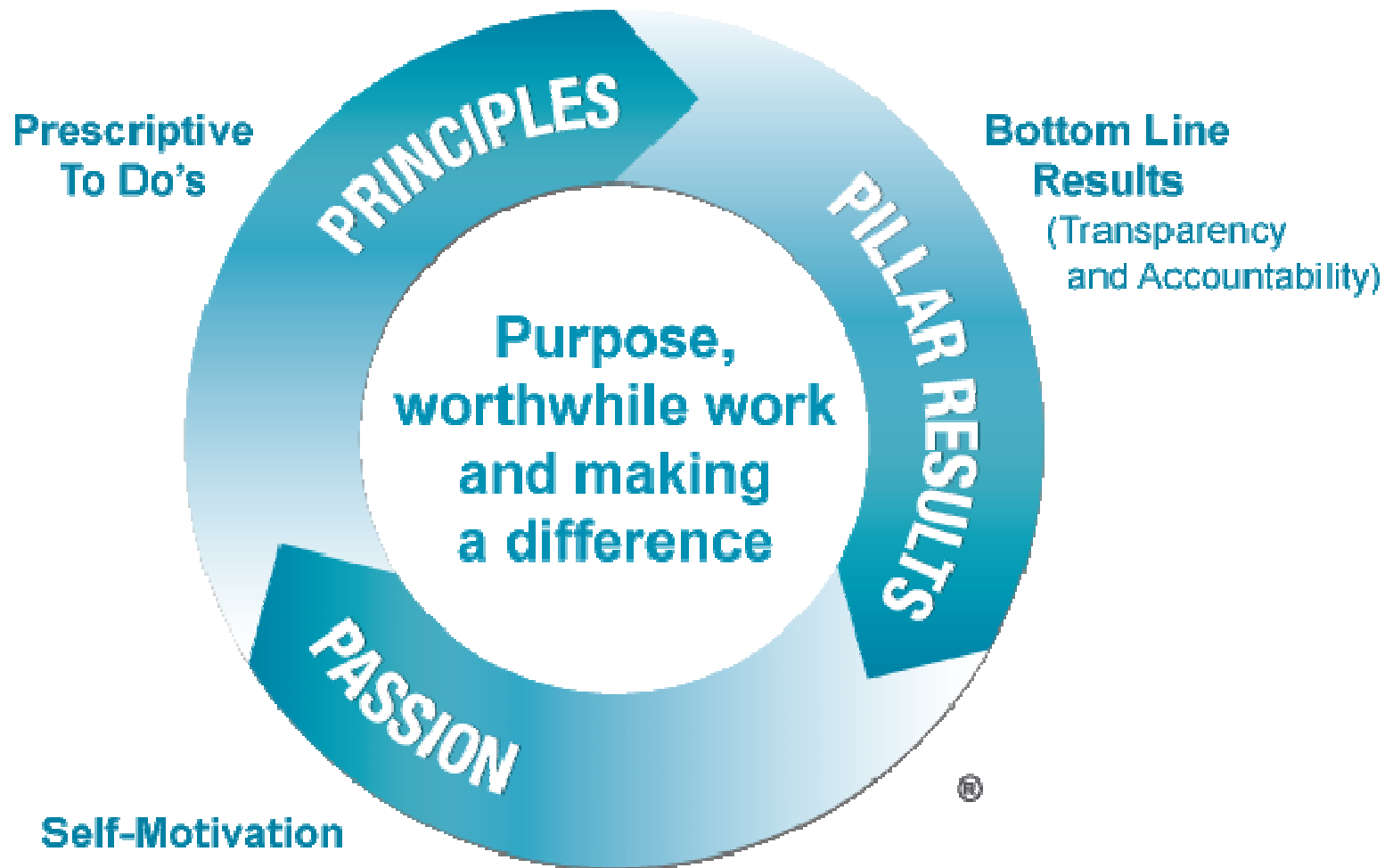
1. Financial challenges	X	
2. Healthcare reform implementation	X	
3. Governmental mandates	X	
4. Patient safety and quality		X
5. Care for the uninsured/underinsured	X	
6. Patient satisfaction		X
7. Physician-hospital relations		X
8. Population health management	X	
9. Technology	X	
10. Personnel shortages		X

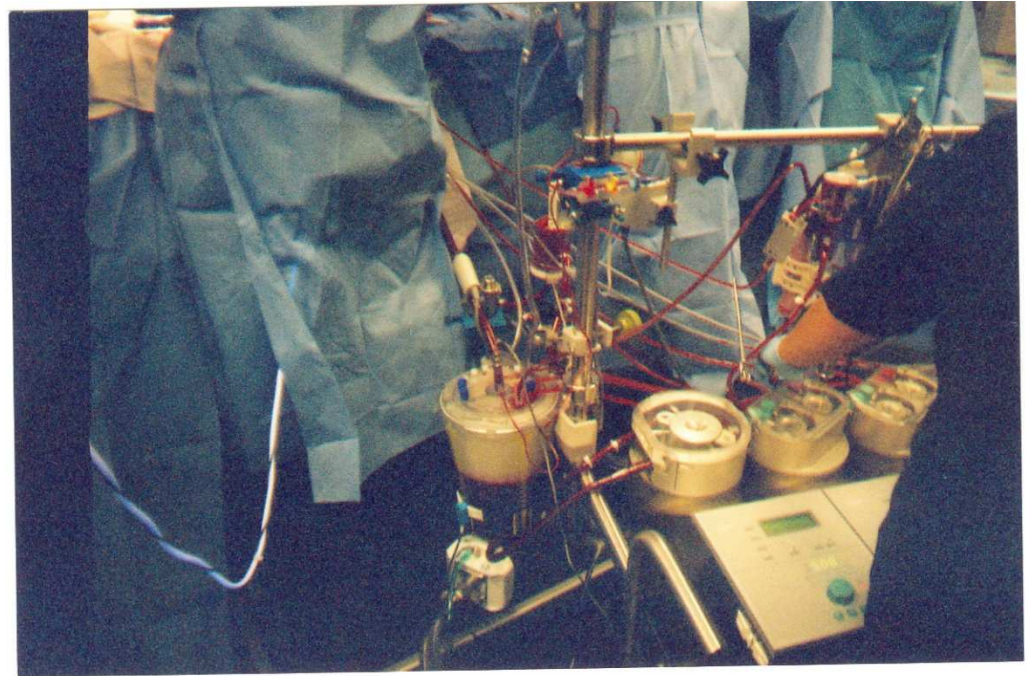
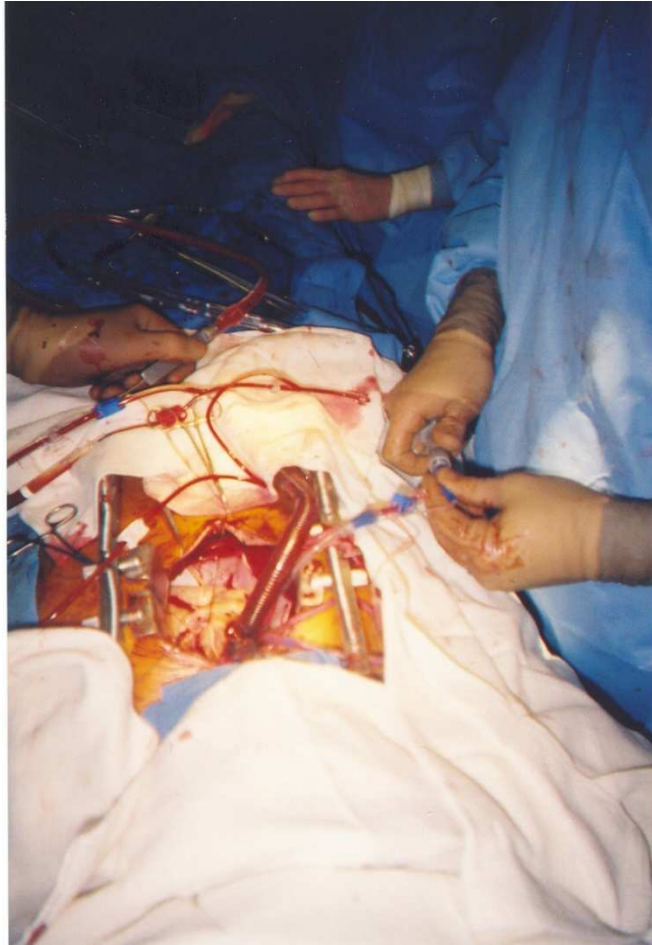
**10 most concerning issues for hospital CEOs, Survey published January 12, 2015 by the American College of Healthcare Executives*

Connecting Heart and Mind



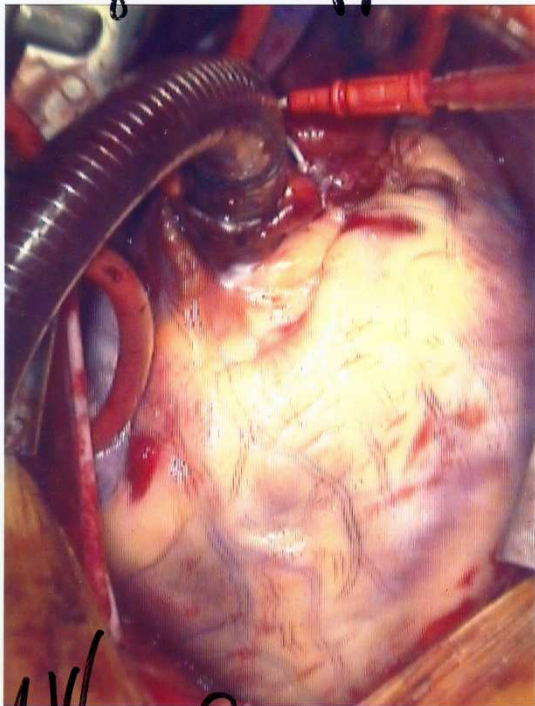
Healthcare Flywheel®





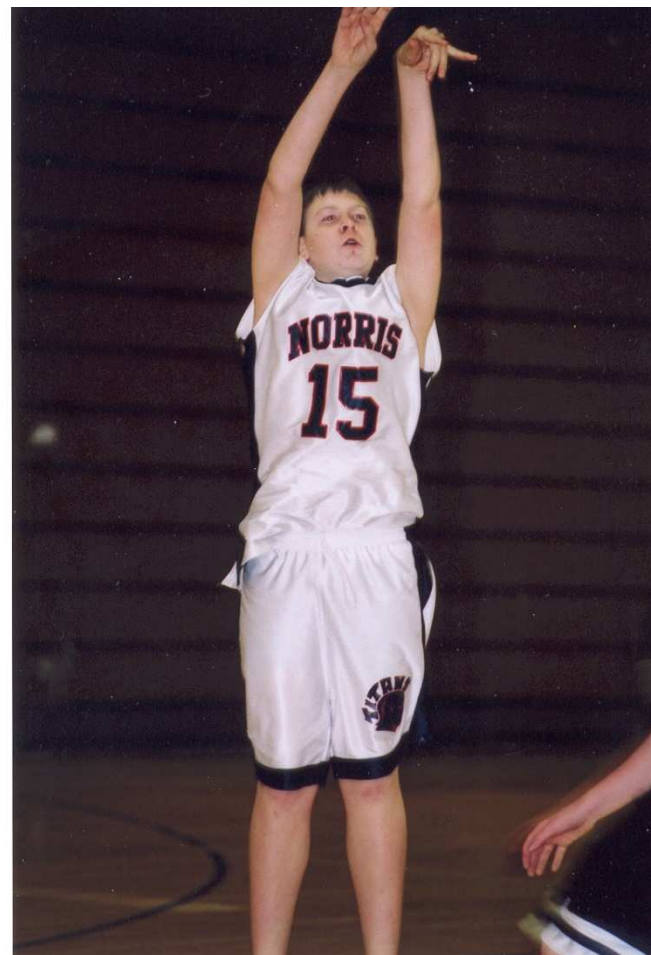


Take good care of your heart!



John Hunt

HUNT
TYLER
62550341003
M / 15y 1/14/1990





Execution Framework

Evidence-Based LeadershipSM



LEADER EVALUATION

Implement an organization-wide leadership evaluation system to hardwire objective accountability

LEADER DEVELOPMENT

Create process to assist leaders in developing skills and leadership competencies necessary to attain desired results

MUST HAVES[®]

Rounding, Thank You Notes, Employee Selection, Pre and Post Phone Calls, Key Words at Key Times

PERFORMANCE GAP

Re-recruit high and middle performers, Move low performers up or out

STANDARDIZATION

Agendas by pillar, peer interviewing, 30/90 day sessions, pillar goals

ACCELERATORS

Leader Evaluation Manager[®]
Validation MatrixSM
Provider Feedback SystemSM
Studer Group Rounding
Patient Call ManagerTM

AIDET® Plus the Promise

Key Words at Key Times

Driving Effective Communication



Communication

Excellent communication within an organization and the people it serves is foundational to sustained success. Thoughtful, standardized communication strategies demonstrate who we are, “**every patient, every time.**”

Every colleague

Every family member

Every patient

Every customer

AIDET

Acknowledge

Introduce

Duration

Explanation

Thank you

Essentials



Who are you?



Do you know what you are doing?



Do you care about me?

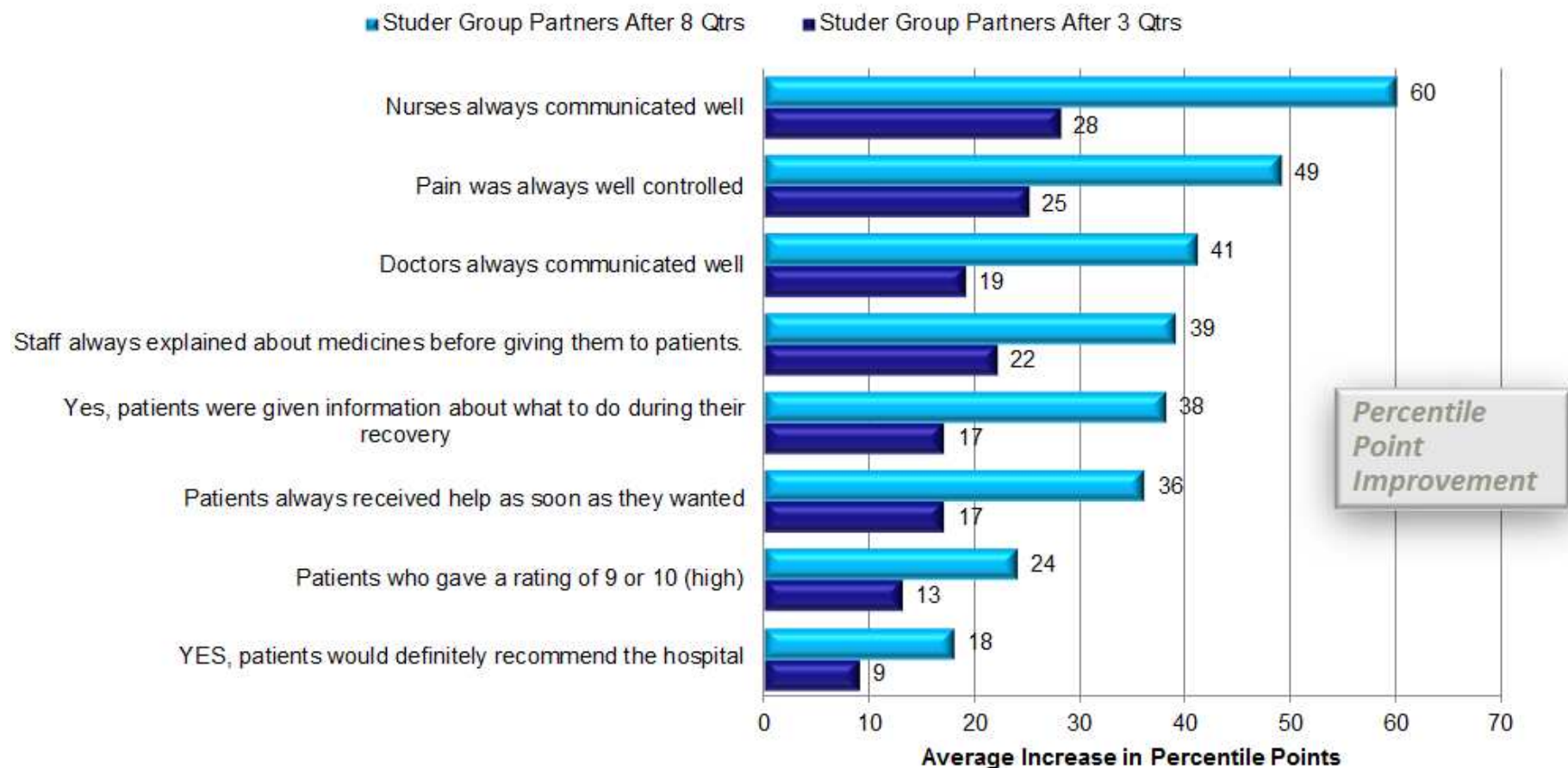
Advantages of AIDET®

Decrease anxiety with increased compliance and cooperation



Following Implementation of AIDET®

Widening the Gap: Average Percentile Point Improvement Among Partners Implementing AIDET



We Want Those Results!



AIDET Works Everywhere



Definition of Empathy

“Clinical empathy is an essential element of quality of care and is associated with improved patient satisfaction, adherence to treatment as well as fewer malpractice complaints”

em·pa·thy  

[**em-puh**-thee]  [Show IPA](#)

–noun

1. the intellectual identification with or vicarious experiencing of the feelings, thoughts, or attitudes of another.

Empathic responses in clinical practice: Intuition or tuition?

Robert Buckman MD PhD, James A. Tulsky MD, Gary Rodin MD

Empathy



The Value of AIDET®

WHY

WHAT

HOW



Acknowledge

Handwashing

Key message: *You are important; I respect you.*

- Knock before entering patient rooms or colleague offices
- Acknowledge people by name when appropriate
- Acknowledge everyone in the room with eye contact, a smile, a nod or “Hello”
- Take the initiative to make eye contact, smile or say hello in hallways

A Winning Smile!

- So there's nothing like a smile to create a good first impression.
- A warm and confident smile will put both you and the other person at ease.
- But don't go overboard with this - people who take this too far can seem “fake” or insincere.

SMILE SCHOOL?



TEN FIVE RULE 10/5

- 10 feet-eye contact and a smile
- 5 feet –speak/acknowledge, “Good Morning”



First Impressions = Perception

- Within the first few moments of meeting you, people will form an opinion of you.
- Right or wrong, that opinion may greatly influence your ability to do your job.



With patients and each other!



Introduce

Key message: *You can count on me.*

- Provide your name and role on the team
- Validate the name of the person you are interacting with
- Tell him/her if you have any special skills and how long you have been doing what you do
- Manage Up – talk about yourself, co-workers, departments or company in a positive way

Why Should You Manage Up?

- Positions others in a positive light....
- Reduces anxiety in patients and family
- Co-workers have a head start in gaining the customer's confidence
- Demonstrates a united team
- Focuses on “What’s Right...”
 - Aligns **positive** behavior with **positive** energy:
 - verbal, vocal, visual

Managing Down - OR - What *NOT* to Say

- I guess I'm the only one around here who actually has to work today...
- I've called housekeeping 3 times; they never return calls...
- The pharmacy sent the wrong medication...
- We're always short-staffed, but Administration doesn't care as long as they can save a buck!

DON'T



Duration



Key Message: *I respect your time.*

- How long will you be working with the person?
- How long will the delay be?
- How long will the process/test take?
- How long will the person be on hold?



Explanation

Key Message:

I want you to understand, so you feel safe and confident.

- Do not use JARGON. Use words they will understand.
- Say what you're about to do (before you do it) and why
- Say what will happen, and what they should expect
- Always offer an opportunity to ask questions after you explain something.





Thank You

Key Message:

I want to provide very good service to you.

- Shows appreciation; provides a positive closing
- Thank for letting me help you today
- Thank you for your patience...or your courage today
- Thank the family for their support to our patients

AIDET “The Promise”SM

“The Promise”

“I promise to take.....

- very good care of you today
- wonderful care of you today
- awesome care of you today

How to use AIDET® - Dr. Emma



Connecting at a “gut level”

They may not remember what you said....

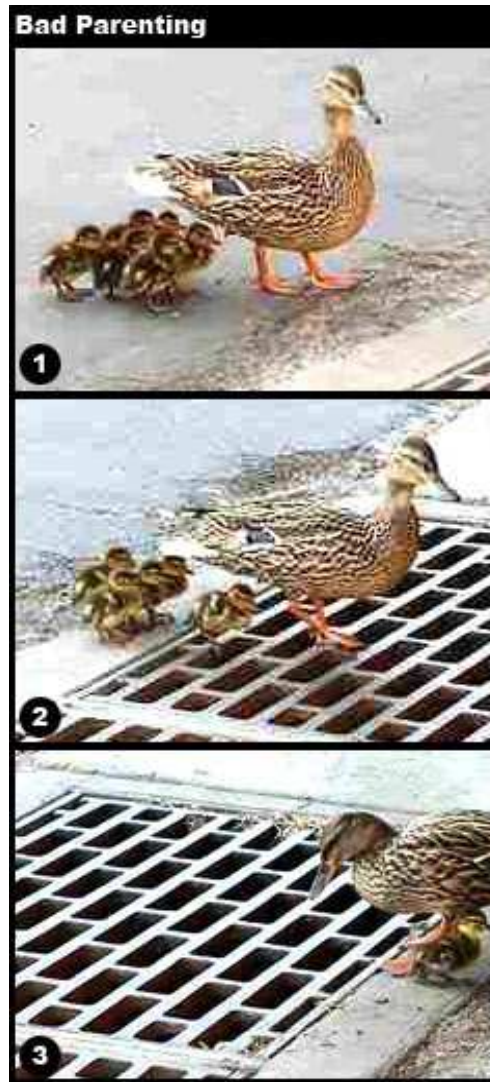
They may not remember what you did....

*But they always remember how you made
them FEEL!*



- Maya Angelou

Good Leadership is Critical



Little Omissions Make Big Differences



Timeliness



Logical Consequences



Communicate the “WHY”



Employee Engagement

“Aligning Behaviors”

**Rounding, Thank You Notes, & Stop
Light Reports**

What the **HECK**
is
Employee
Engagement

Aligned Behavior: Must Haves®



MUST HAVES®

- Rounding
- Thank You Notes
- Employee Selection
- Key Words at Key Times
- AIDET® + Promise

What is Rounding for Outcomes?

- Proactively, engaging, listening to, communicating with, building relationships with and supporting your most important customers (family, patients, employees, physicians, and other departments).

Playing *Offense* instead of *Defense*

Rounding on Direct Reports

Why?

- Create strong personal relationships
- Develop Culture of Recognition
- Identify needs and resolve them
- Communication of key issues

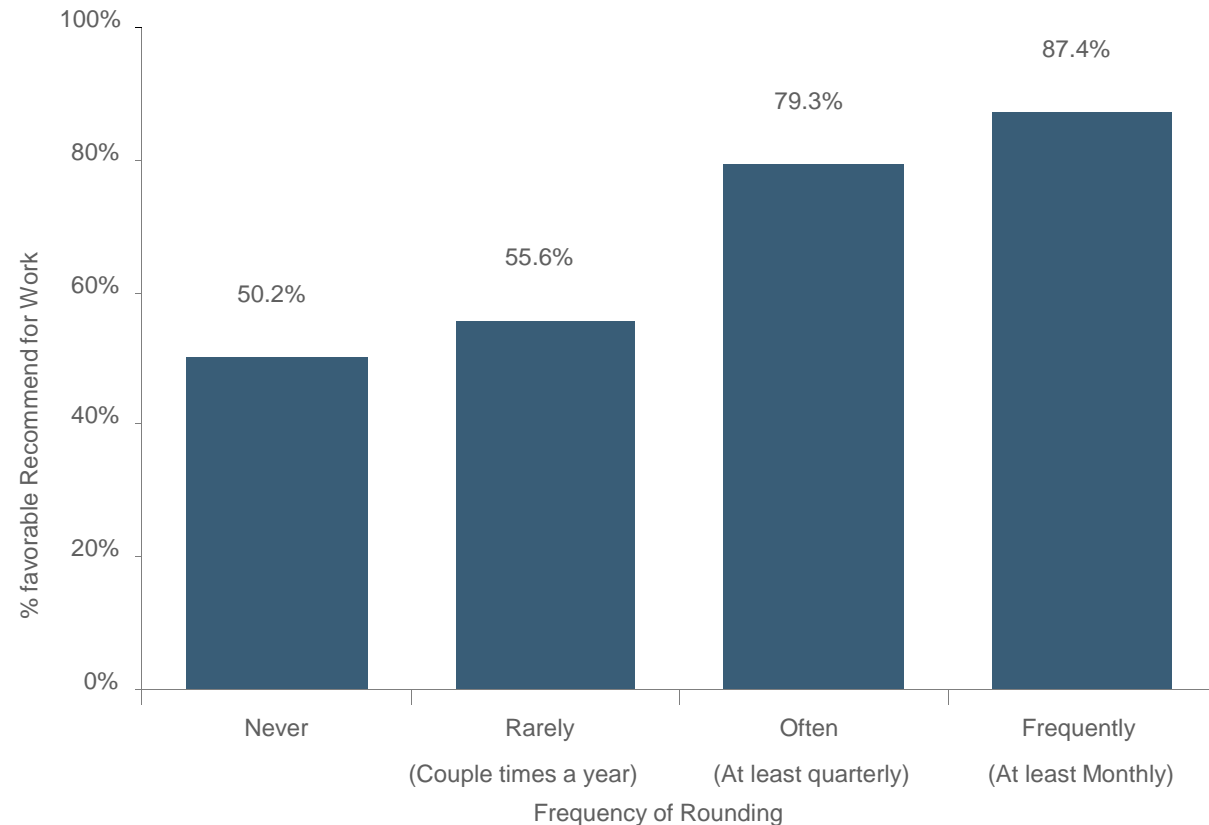
Improved Employee Engagement

More Frequent Rounding Increases Satisfaction and Willingness to Recommend

Willingness to Recommend as a Place of Work

Tactic Implemented:

Leader Rounding on Staff and Physicians



Source: Oregon Integrated Health System; 8700 employees. Results are one year following implementation of Leader Rounding on Staff and Physicians; Staff and physicians rounded on at least monthly had the highest satisfaction levels.

Essential Elements AND sequence

- Talk about the “why” first—always!
- Personal connection
- What is working well? (this is a must question)
- People to recognize (staff, providers, others)
- Systems or processes that need improvement
- Tools and equipment to do your job
- Rounding focus –based on your employee survey opportunities or other needs of department

Rounding for Outcomes is not.....

- The proverbial wave
- Leadership by wandering around
- Reactive
- Focused on “what’s wrong”
- Being “out there”
- Asking “what’s going well” during group meetings
- Rounding by e mail

When we're rounding, are we having meaningful conversations, or are we just checking off boxes on a log?



“If I walk past your desk without stopping to criticize your work, that counts as a compliment.”

Critical Ingredients.....

Respect
Caring

When you create feeling of SAFETY

- You can talk with almost anyone about anything
- People feel safe when they think:
 - You **RESPECT** them
 - You **CARE** about them

Let me guess.....

- Some of you are thinking:
 - I talk to my staff ALL the time
 - I've known him/her for a gazillion years
 - We sit 3 feet away from each other
 - It's a small department – we know everything that's going on and everything about each other
 - I work side by side with my staff
 - I have an open door policy and my staff feels free to tell me anything that they need or of issues.

Q 1. Vague Answers....

TIPS:

- ask additional questions to get more specific information.
- reword the question: “When you’re having a really great day, what does that look like? Who are you working with?”
- dig deeper: “I’m so glad teamwork is good – give me an example of good teamwork.”

Q 2. Everything is negative...

TIPS:

- Patience
- Redirect the provider or staff
- Ask for solutions
- Offer to schedule a separate meeting to provide uninterrupted time

Q 3. Employee puts you on the “spot”

TIPS:

- Be open and honest
- Encourage transparency throughout the organization
- It's okay to say. “I'm not sure; can I get back to you?”

Q 4. This doesn't really sound like something I would say...

TIPS:

- Make the words your own
- Practice if it makes you more comfortable
- Tell them ahead of time that you will be rounding

Q 5. Chatty Cathy.....

TIPS:

- Don't sit down and invite a meeting
- Set expectations upfront: "I want to be respectful of your time. We are only going to take about 5 minutes and round."
- Redirect if you get off track: "we only have a couple more minutes and there are some additional questions I would like to ask."

After EVERY Rounding Experience

Two questions to ask yourself after EVERY rounding experience:

- What did I learn?
- What do I need to do with this information?

Tips for successful rounding

- No surprises, let your direct reports know what leader rounding is and why you are doing it
- Provide a copy of the questions
- Let them know you want their input
- Keep it short, 5-10 minutes is optimal
- Summarize any commitments/action items
- Close the loop—follow up (Stop light report/recognition)

|

Leader Rounding on Staff Form

Name

Department/Unit

Tip: Remember to tell the "why" of rounding!

Steps	Date:	Date:	Date:
1. Personal connection			
2. What's working well?			
3. Are there any individuals that I should recognize?			
4. Do you have the processes, systems, tools and equipment you need to do your job?			
5. Is there anything we, the leaders, could do better? (may insert question(s) from Employee engagement survey action plan instead of this one)			
6. Focus question			

Action:

Documentation options

- Discuss options with your one up
- Review monthly with your one up
- Organization of your rounding documentation

Parameters: Rounding on staff

- All leaders will round on their direct reports (people they do annual evaluations for)
- Monthly if <40
- Every other month if >40
- On call staff - quarterly
- Documentation is mandatory
- Review logs/themes with your supervisor monthly

Stoplight Reports

How do we follow up??

- Sometimes....we don't
- Sometimes....not with everyone
- Sometimes....we have just taken care of it, and forgotten
- Sometimes...our staff thinks we don't communicate well

WELL.....DO WE???



STOPLIGHT REPORT

Take a look at some of our results from rounding.

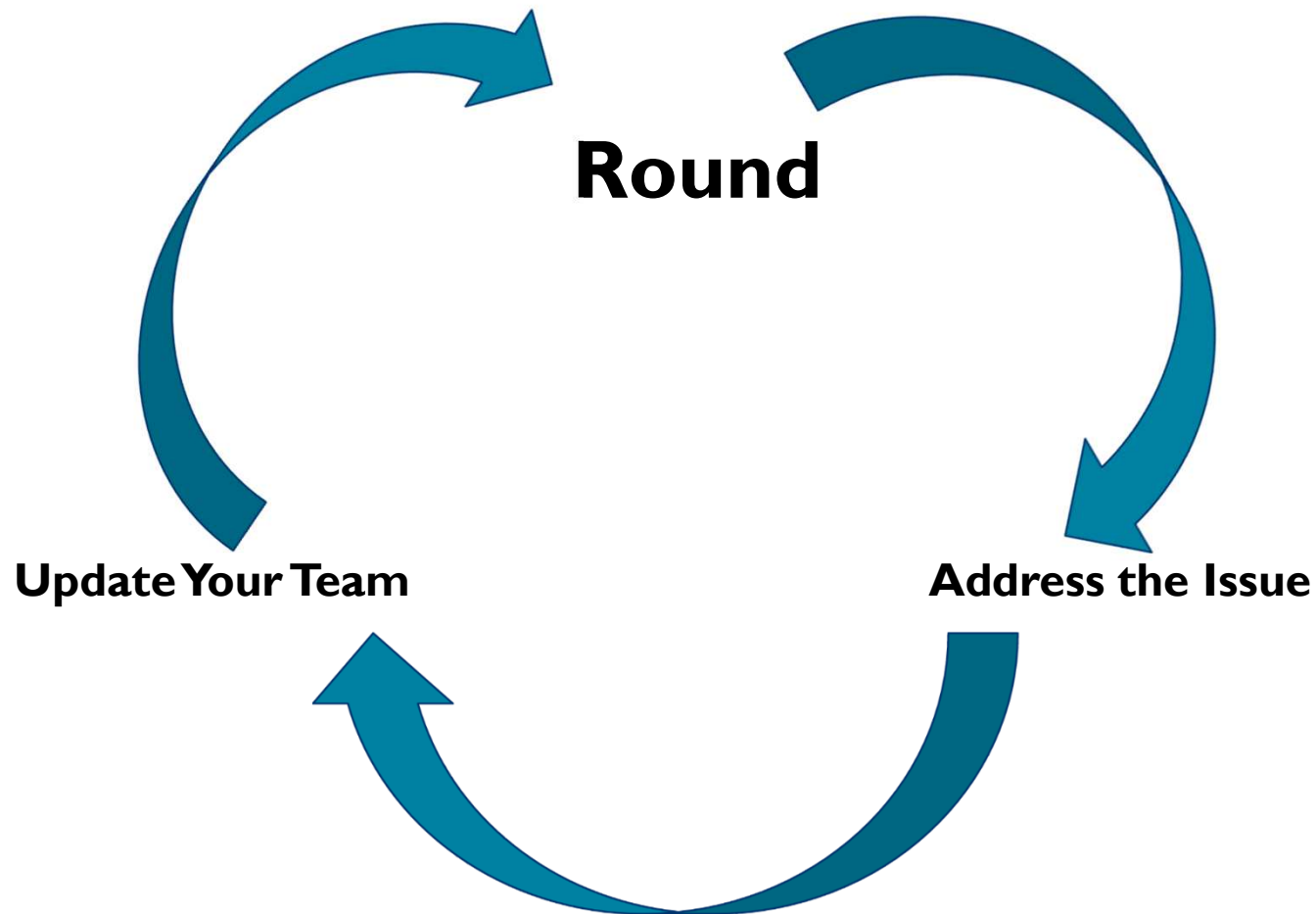


GREEN / COMPLETE:	YELLOW / IN PROCESS:	RED / CAN'T COMPLETE AT THIS TIME and HERE'S WHY:

Sample Stoplight Report

GREEN/COMPLETE	YELLOW/WORK IN PROGRESS	RED/CAN'T COMPLETE AT THIS TIME AND HERE'S WHY
Purchase 3 additional blood pressure cuffs. Completed 3/29/15	Request made for 4 Smart IV infusion pumps. Will review budget on 4/26/15	New interface for EMR med reconciliation. Will evaluate next fiscal year. 1/6/15
Purchased 2 new bariatric wheelchairs. Complete 3/7/15	Team requested to have individual scrub colors vs. team colors. Meeting with CNO and HR 5/1/15	

What a Simple Way to CLOSE THE LOOP

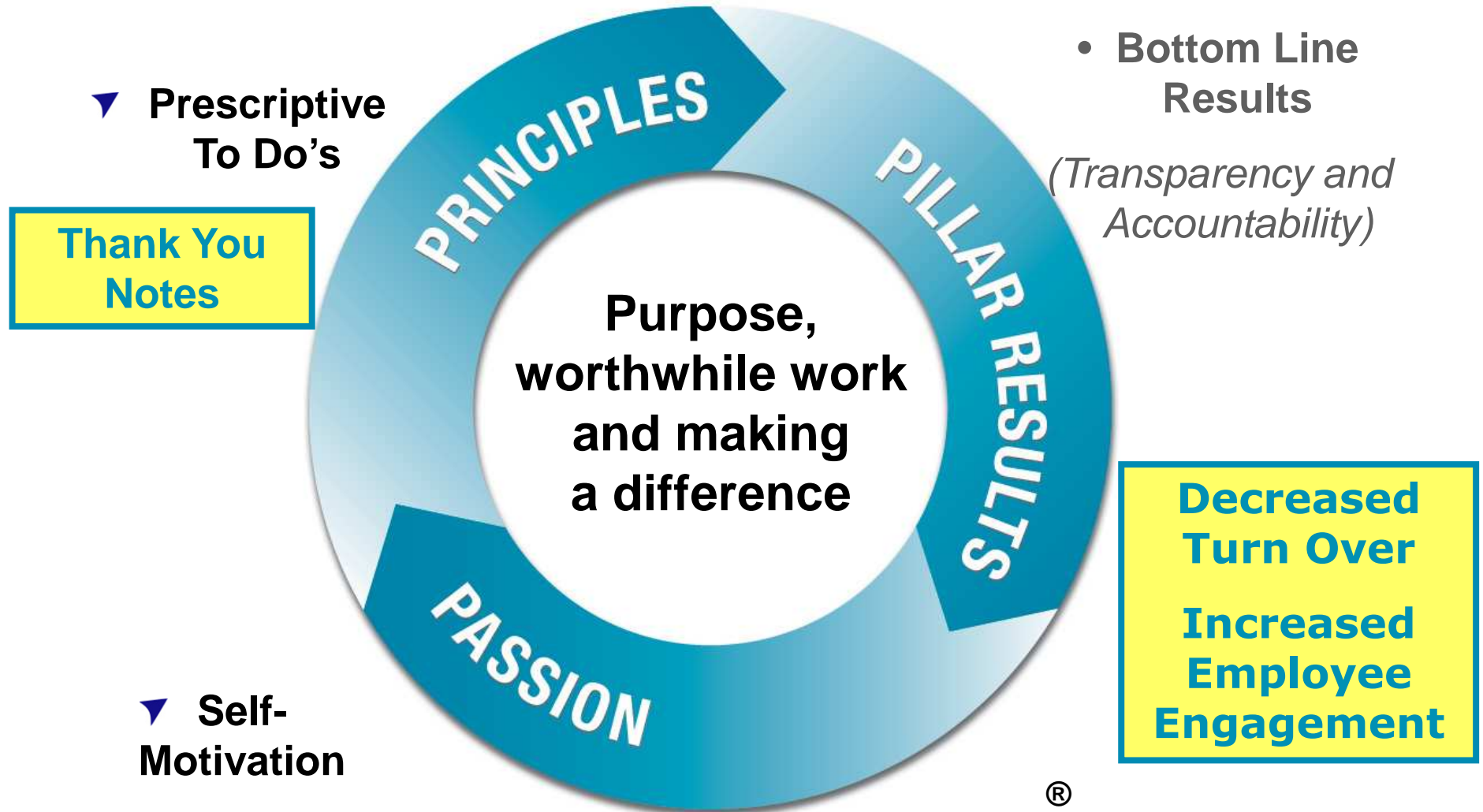


Questions:

- What do I put on a stop light report?
- How often should I post?
- Can I email it?
- Should I put people's names on it?
- Should I date the entries?
- What do I do with the old ones?
- What if I am doing a newsletter now?

Thank You Notes

Healthcare Flywheel[®]



Employee Thank You Notes

*“Recognition”
It’s not a natural skill...
it must be taught!*

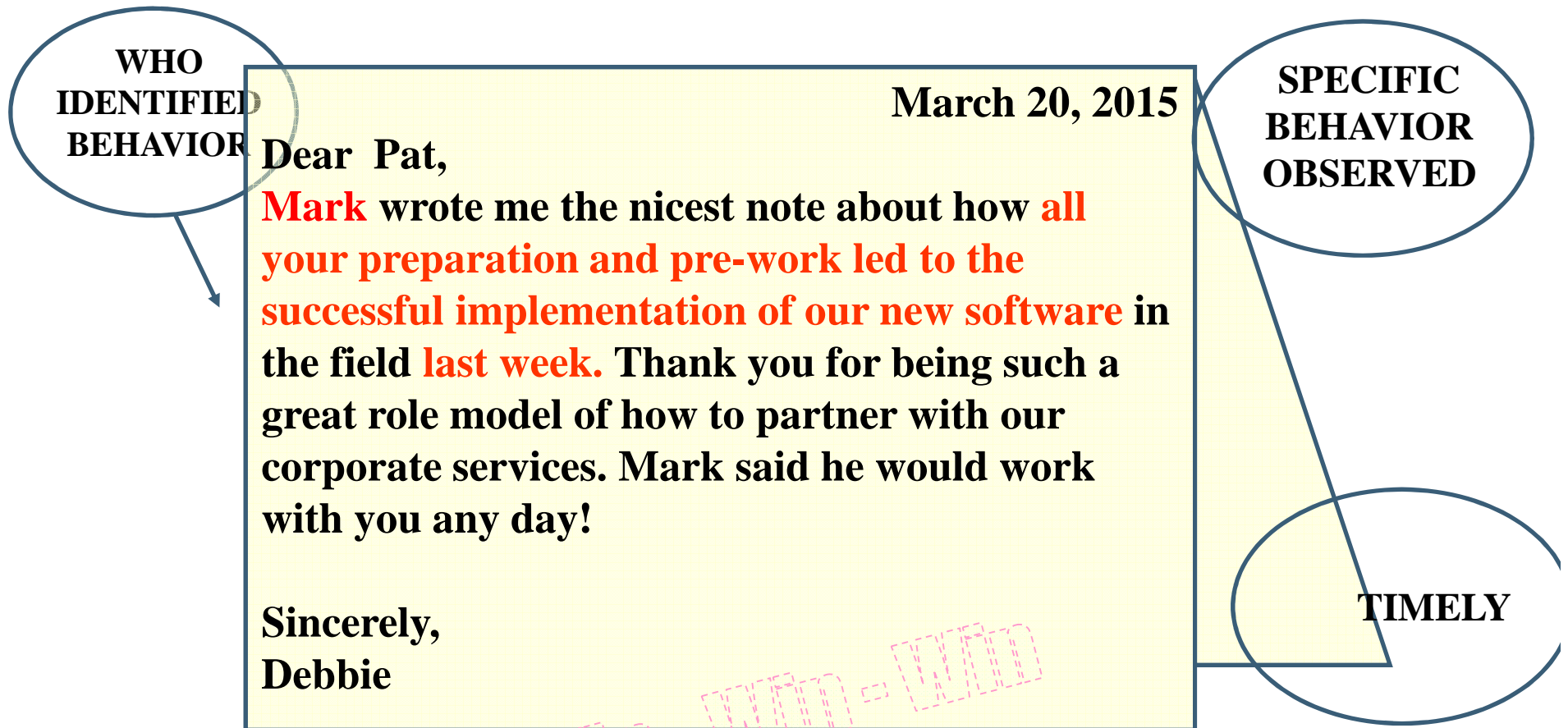
“65% of Americans reported that they received no recognition for good work in the past year...”

Source: How Full Is Your Bucket-Tom Rath, Donald O. Clifton

The Ideal Thank You Note

- Timely
- Handwritten
- Short in length
- Includes specific behavior
- Also, some should be managed up to senior leaders

Anatomy of a Thank You Note



Thank You Note Guidelines

- Leader assesses how many thank you notes make sense -- same quota for each leader is not needed.
- Leader identifies the number to manage up to the senior leader to send based on the staff size they oversee.
- Total number sent will vary depending on size of the organization.
- Use rounding logs for follow up and to show the reason why.

Excuses... excuses.. excuses

- Martyrdom

“I don’t need a compliment... why should they?”

- Another Day . . . Another dollar!

“They should just be happy with a day’s work for a day’s pay”

- Scrooge Mentality

“I can only give out so many compliments per week!”

- Pride

“This is hokey!”



Recognize and Reward Behavior

- Reinforces positive behavior
- Creates role models for other staff
- Shows staff how they can make a difference
- Creates improved results across organization
- Manages up senior leader



Dear Susan,

John Smith wrote me the nicest note about the number of positive comments you have been receiving from patients and families. Your patients notice how you check on them every hour and are responsive to their needs. John also told me you are helping interview staff for the unit. This is very important. Thank you for being at our organization!

Sincerely,

Quint

Tough Questions

- Will this seem forced?
- Will thank you notes become insincere because we are asking everyone to use them?
- How many is too many?
- Do they have to be mailed?

Patient Engagement

**“Aligning Behaviors”
Rounding on Patients**

Rounding on Patients

Why?

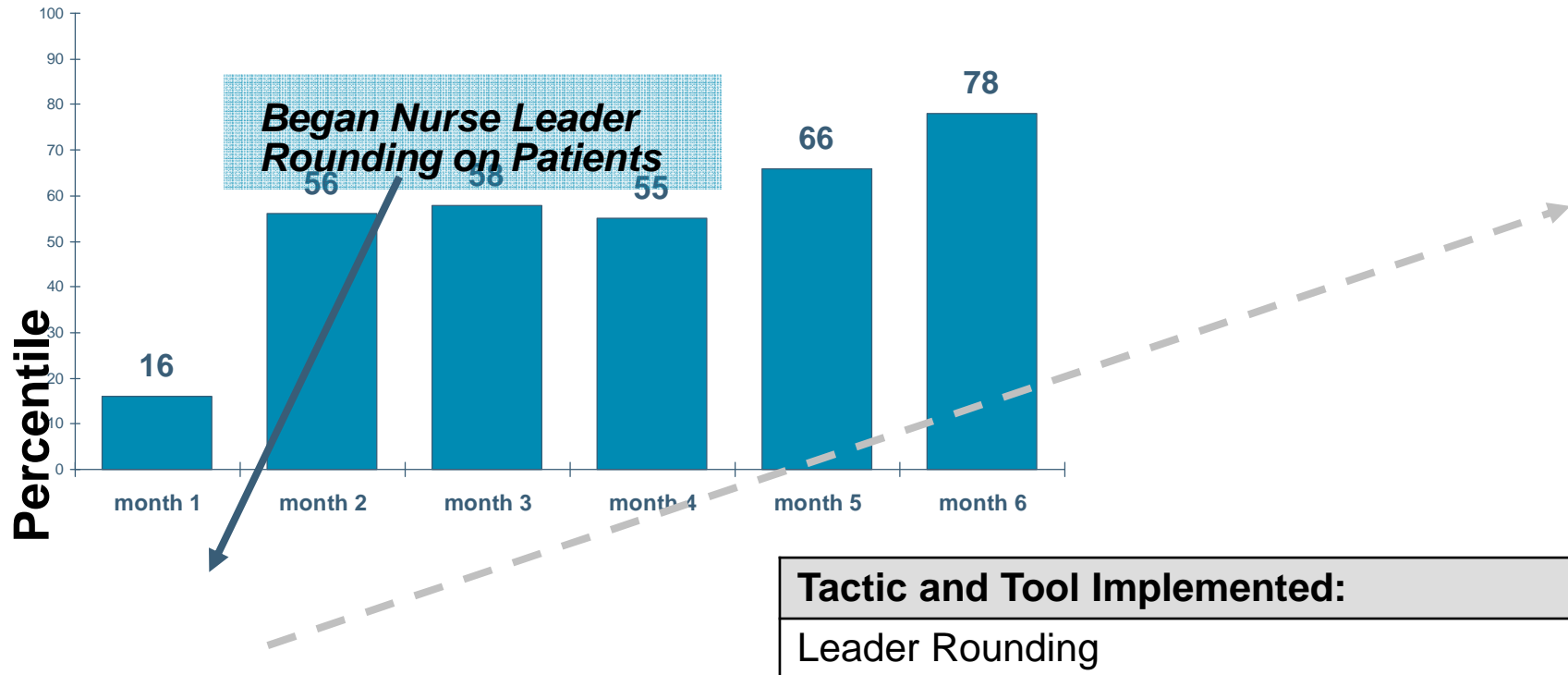
- Foundational tactic that drives results
- Provides best opportunity for “eyes on the field”
- “boots on the ground” leadership
- Objective “Voice of the Patient”

Why?

- Inform the patient of the hospital's goal
- Manage up staff
- Reinforce actions that support the provision of **excellent** care
- Hardwire behavior
- Connect staff back to purpose, worthwhile work and making a difference
- Proactive service recovery

Leader Rounding on Patients

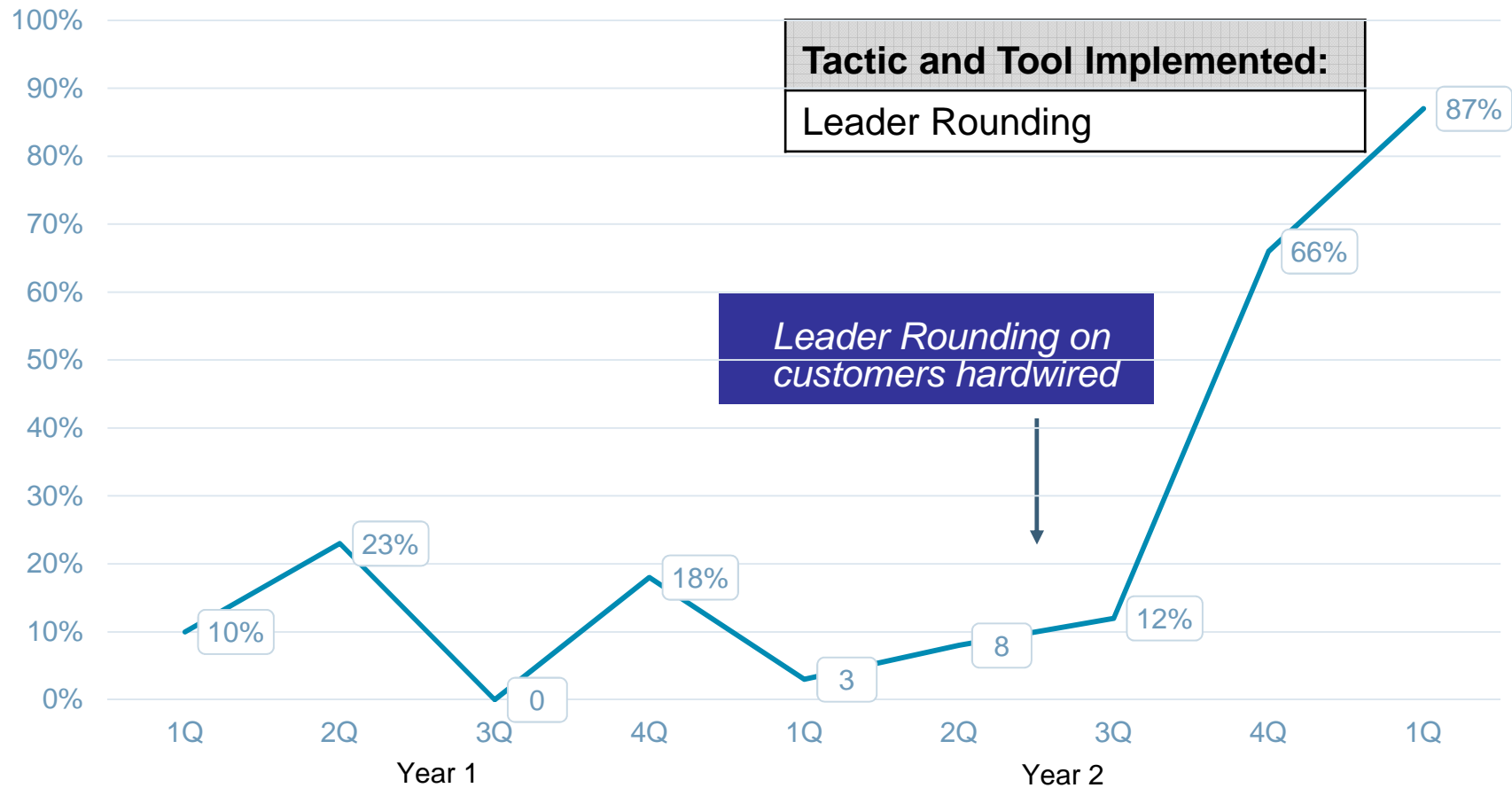
Overall Patient Satisfaction



Source: Arizona Hospital, Total beds = 355, Employees = 4,000, Admissions = 10, 188

Leader Rounding

Customer Perception Overall Ranking



Source: Virginia Organization, Admissions: 16,776, Bed size: 330, >1600 employees, Employees=1652

Four Goals

1. Personal connection and increase trust- let patient know you are the leader and they can expect excellent care
2. Service recovery (if needed)
3. Harvest wins for recognition of your team
4. Validate clinical quality/ safety/ service being delivered

Rounding on Patients

Patients and Families

- Round on Staff
- Acknowledge
- Introduction & Duration
- Explain
- Validate Behavior
- Closing/Thank You
- Staff to Recognize
- Observations

Rounding on Patients Tips

Preparing to Round

- Set the time expectation up front
- Schedule rounding on calendar like it's a mandatory meeting
- If using priority index question – use for the whole quarter
- Check in with staff first
- Know the patient (name)

During Rounding

- Ask permission
- Sit if possible
- Focus the patient on the positive
- Assess the environment
- Check communication board
- Leave a business card, or write name and number on Communication Board

Sample Questions

- You may have noticed I introduced myself, we really feel that demonstrates respect for our patients, how has that been while you have been here?
- I see that your pain goal is X. How are we doing at managing your pain?
- Are you receiving new medication/s? If so, for what reason & are you aware of the side effects?
- Have you used your call light in the last 24 hours? What were some of the things that were needed?
- We have been working hard to provide a quiet environment, how have you been sleeping?
- I like to recognize my team members for exceptional work, is there a team member that has stood out?
- If there is one thing that we could do to improve your stay, what would it be?

AIDET® to Aid the Rounding

Acknowledge: patient and family/guests

Introduce: “Hi my name is _____. I am the nurse leader on the unit today.

Duration: I would like the opportunity to visit with you for about five minutes...

Explanation: ...to ask you a few questions to ensure we are providing you with excellent care.
(ask questions)

Thank you: Thank you for your time and for choosing Avera for your care.”

Observation

- Items to observe:
 - Communication Board updated and complete
 - Hourly Rounding documented if applicable
 - Environmental Assessment
 - Is patient's call light within reach?
 - Is room clean and tidy?
 - Verbalize

Frequency of Nurse Leader Rounding

- Best Practice:
 - Every patient every day
- Minimum:
 - Every patient every stay

CMS rules

- We cannot ask for a particular rating
- We should not use the same scales as HCAHPS
- Our questions shouldn't resemble HCAHPS questions
- Shouldn't imply that we will gain from the survey responses
- Remember that we are using key words not to change the patients mind, but to help reduce anxiety, increase compliance, have better outcomes and point out the care that has been given

How **WELL** are we doing

- keeping you informed?
- keeping your room clean?
- explaining test and treatments?
- explaining what will occur after discharge?
- managing your pain?
- responding to your requests for assistance?
- addressing your questions and concerns?

Selecting Unit Specific Questions

- Something the unit is currently working on, for example - a surgical unit working on post op ambulation
- A patient satisfaction question the unit is currently working on, for example – keeping you informed
- The priority index
- HCAHPS Topbox
- A newly implemented behavior – hourly rounding
- Limit number – remember our patients are sick

Two Key Questions

1. What have I learned about our care for this patient?
2. What MUST I do with this information to improve care for this patient AND improve care in general by this team member or within the department?

Shared Responsibility

- Follow- up on patient concerns
- Close the Loop
- Do not be Defensive
- No Managing Down
- Remember to Manage Up

Use of Rounding Log

- Not optional, mandatory
- Makes follow up more likely
- An important verification tool

Documentation options

Leader Rounding on Patients

Daily Rounding Log

Date: _____

Expected DC Reason patient not available	Room # Patient	Nurse's Name	Priority: Nursing Communication It important that we treat you with courtesy and respect, has everyone been introducing themselves	Priority: Nursing Communication What new information have you been given? Are we explaining everything clearly so you understand?	Priority: Pain What are we doing to manage your pain? Do you feel as though we have done everything we can to help with your pain?	Staff / Physicians to recognize (who & what)	Issues/Followup/Notes/ Observations & Patient Comments Check white boards (updated) & room (clean) & Hourly Rounding Log (complete)
					Pain Goal <input type="checkbox"/>		White Board Updat <input type="checkbox"/> Room Clea <input type="checkbox"/> H <input type="checkbox"/>
					Pain Goal <input type="checkbox"/>		White Board Updat <input type="checkbox"/> Room Clea <input type="checkbox"/> H <input type="checkbox"/>
					Pain Goal <input type="checkbox"/>		White Board Updat <input type="checkbox"/> Room Clea <input type="checkbox"/> H <input type="checkbox"/>

Parameters: Rounding on Patients

- Identify who will be rounding
- Define expectations
 - Inpatient – every patient every day
 - (New admits and prior to discharge are priority)
 - Ancillary-sample of patients
 - ICU-every patient/family every day
 - ED-25% of patients daily and waiting room hourly
 - Outpatient-sample of patients
- Validate areas of focus
- Define how results will be communicated to the staff

Guidelines

Best Practice Guideline:

- ED -25% patients daily
- Amb Surg -25% patients daily
- Outpatient- 25% patients daily
- Inpatient 100% patients daily

Who does Nurse Leader Rounding?

- Nurse Managers
- Nurse Supervisors
- Nursing Directors
- Resource Nurses/Clinical Nurse Educators
- Others who have received training & are competent to conduct NLR

Why is it important to me as a leader?

- Manage the Patient's Expectations
- Recover any Service Failures
- Harvest Employee Recognition Opportunities
- Manage Staff Performance
- Improve Quality Outcomes and Safety
- Increase Patient and Family Satisfaction

Validation/ Accountability

- Monthly Supervisory Meeting is your time to evaluate frequency and quality.
- Report to unit manager
- Frequency:
 - Review Logs
- Quality:
 - Ask for stories / examples
 - Review patient satisfaction results

Next Steps

- Conduct Nurse Leader Rounding as defined
- Conduct follow up action from information learned during NLR
- Speak positively about NLR
- Understand NLR to be a non negotiable expectation
- Share results with my team through Daily Line Up, Unit meetings, Weekly updates & other appropriate venues

“Spinach in Your Teeth”

**“Taking Conversations from
DIFFICULT to DOABLE”**

Beth Keane

*August 22, 1946 –
June 18, 2013*



May 31, 2013

Beth Keane - Spinach in Your Teeth



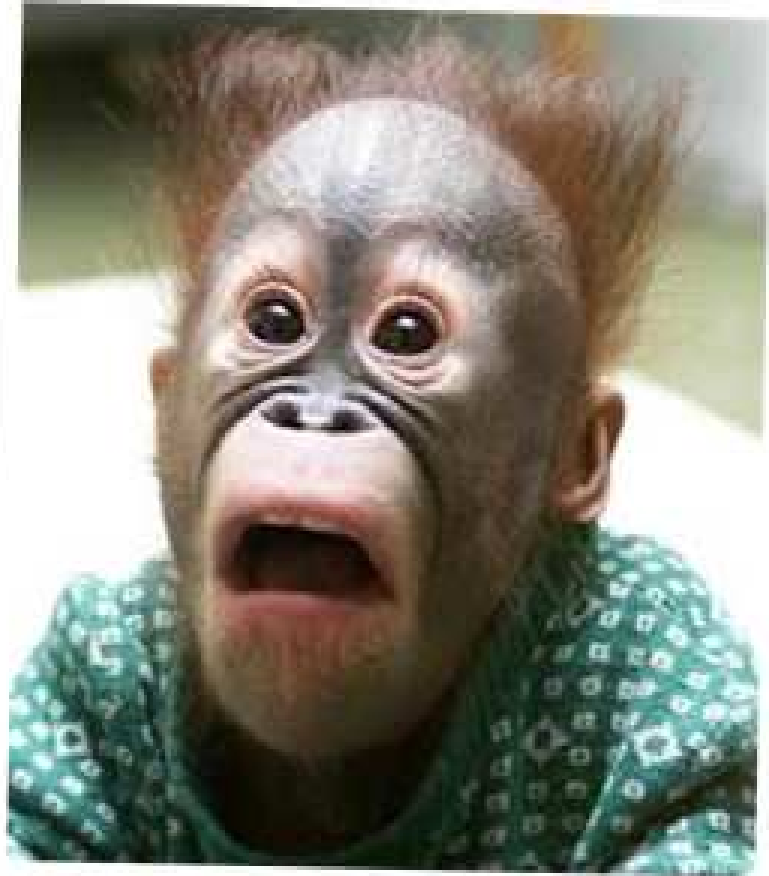


Having hairy conversations



Why don't we speak up?

- We don't know how
- We're afraid



Difficult dialogues

It's important to:

1. Monitor motives

What do I want?

Am I seeking to **Complete or Compete?**

Am I in this to **WIN?**

2. Practice presence

3. Clarify expectations

4. Plan and practice

Compare

- Yes, **and**...
- Yes, **but**...



Critical ingredient . . .

RESPECT

Praise in public, criticize in private

How do we show...



- Respect?
- *Caring?*
 - *“The average physician will interrupt a patient after approximately 17 seconds during the opening description of the principle patient concern.”*
 - Dr. Stephen Beeson, **Practicing Excellence**
 - *On average, a nurse interrupts a patient after one minute and 14 seconds*

Source: **Leadership for Great Customer Service**, Thom A. Mayer and Robert J. Cates

What we permit...
We promote

In any critical communication

Before you begin, ask yourself how you want to end



Model #1: Stub Your Toe Conversations



Stub Your Toe Conversation

- Least Formal
- See or hear behavior that is inconsistent with Standards Of Behavior and/or values
- *Seen or heard*
- Abrupt or disrespectful behavior
- Passive or passive aggressive actions
- Complaining or gossiping
- Talking “about” rather than “to” each other
- 5/10 Rule

Key Steps:

Stub Your Toe Conversation

- I Value you as a colleague
- I saw/heard something that's inconsistent with our standards, values, or policies
- I wanted you to know this because I value you.

Model #2: Impact Messages

- Describe the **behavior**
- Describe the **impact**
- Indicate the desired **change**
- Get a **commitment**

Impact Messages

The core version of this model will sound like this...

- When you...
- The Result is...
- I need/I want/I would...
- Do I have your agreement...

Table Exercises....

Using Impact messages

Scenarios

Difficult to Doable

Scenarios

Interruption by a peer during conversations

Habitual tardiness to meetings

Team members actions are preventing a goal from being reached

Department is not compliant with a policy

Disagree with your boss and need to have a respectful conversation

Observe behavior that violates policy, values and standards

Model #3: Low Performer - Up or Out

- Do not start meeting out on a positive note
 - **D: Describe**
Describe what has been observed.
 - **E: Explain**
Consequences.
 - **S: Show**
Show what needs to be done.
 - **K: Know**
Know the consequences of continued same performance.
-

Performance Appraisal & Accountability

Process to Move Performance

Execution Framework










Evidence-Based LeadershipSM



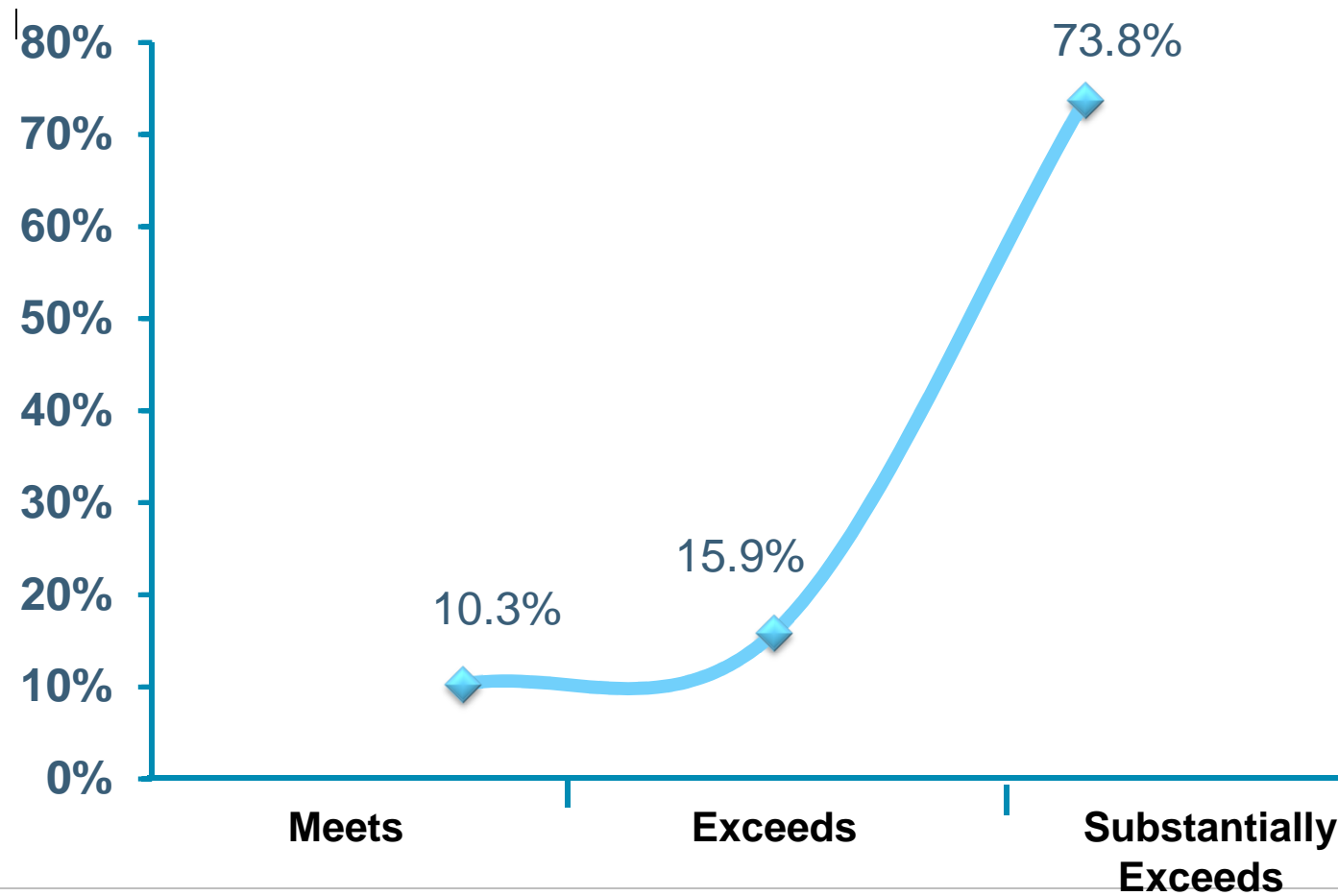
Why Have Leader Evaluations Based on Objective Goals?

- Clearly connects the overarching goals of the organization to individual leaders
- Provides prioritization roadmap for leader – most important metrics make it on the evaluation
- Keeps leaders focused on what is really important via weighted values based on baseline and priority
- Allows senior leaders to continuously monitor leader and organizational performance
- Provides for organizational agility

Year 1 – Goals

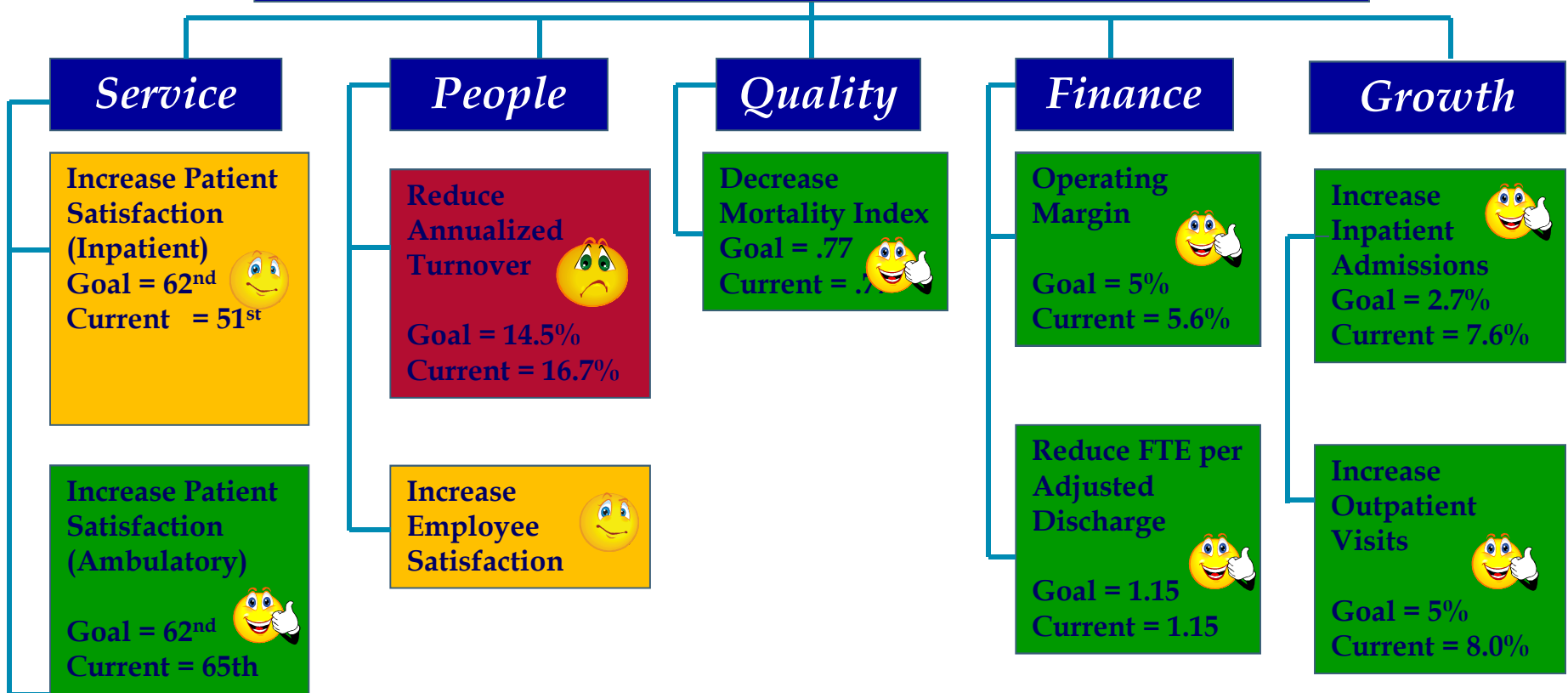
Issue	Reduce Costs / Improve Financial Performance	Provider of Choice (patient satisfaction)	Employer of Choice (employee satisfaction)	Improve Care (Quality, Safety, Effectiveness)	Information Management
Goals	<p>Achieve financial margins of:</p> <ul style="list-style-type: none"> – 4.0% in FY '06 – YTD 4.6%  more detail> – 5.0% in FY '07 	<p>Achieve organization-wide average patient satisfaction scores of:</p> <ul style="list-style-type: none"> – 93.7 for “Overall quality of care/services” – YTD 93.5  – 76.1 for “Would you recommend” – YTD 73.5  	<p>Reduce overall turnover of:</p> <ul style="list-style-type: none"> – “permanent” positions to 11% – YTD 14%  more detail> – “permanent” core RN positions to 13% – YTD 16%  	<p>Achieve 90% compliance with CMS measures:</p> <p>Community Acquired Pneumonia</p> <p> 3 >90% - 5 <90%</p> <p>Surgical Infection Prevention</p> <p> 1 >90% - 2 <90%</p> <p>Heart Failure</p> <p> 2 >90% - 2 <90%</p> <p>Acute Myocardial Infarction</p> <p> 5 >90% - 2 <90%</p> <p>Achieve 90% compliance with evidence-based practice for prophylaxis of the following: DVT/PE, Post-op UTI, Post-op Pneumonia, Post-op AMI, Pressure Sores, Post-op Sepsis</p>	<ul style="list-style-type: none"> – Implement Employee Satisfaction Assessment process during 2005 – Create projected timeline for the implementation of the Advanced Point of Care (APOC) clinical system

Leader Evaluation Results – Year 1

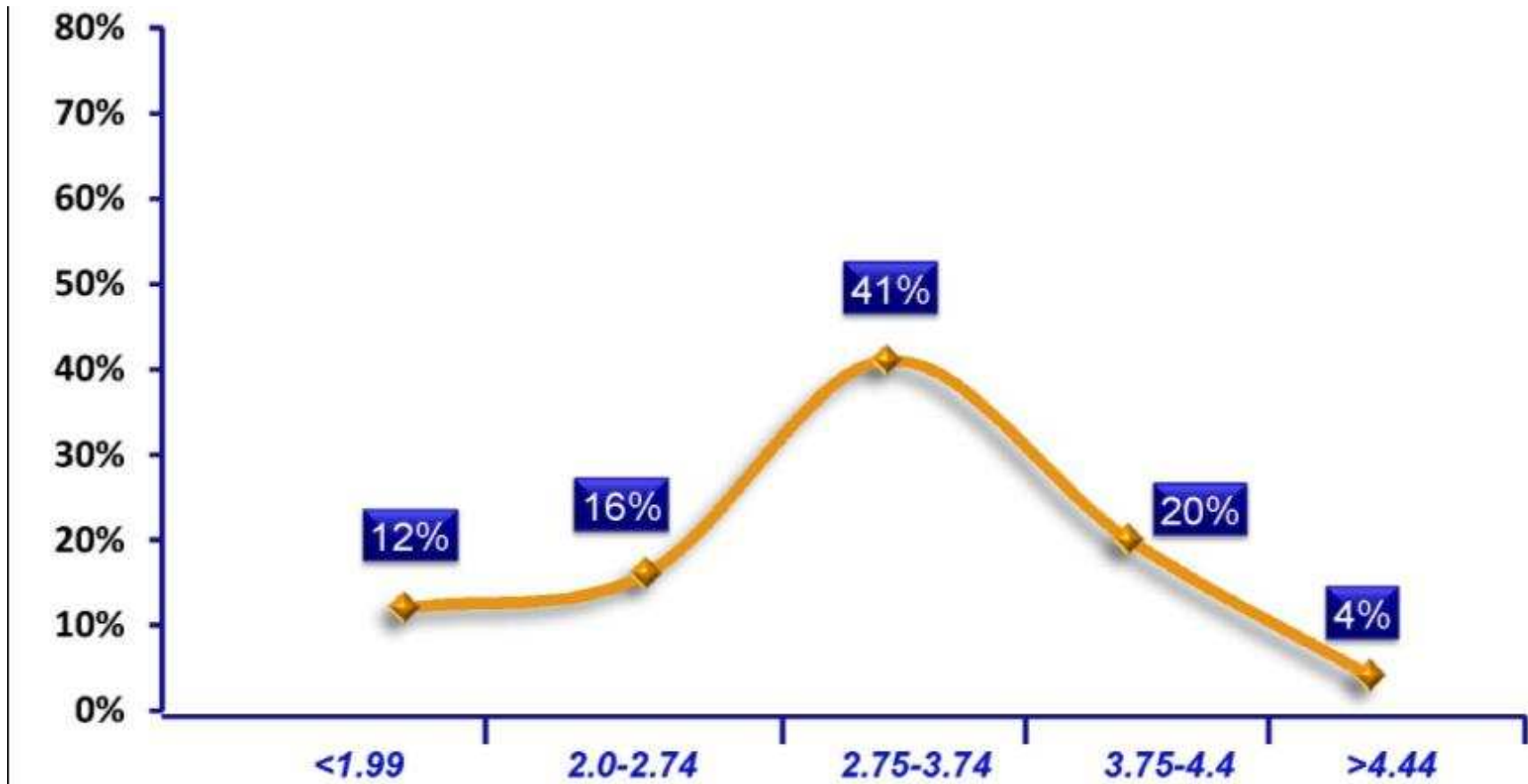


Year 2 – Goals

Excellence

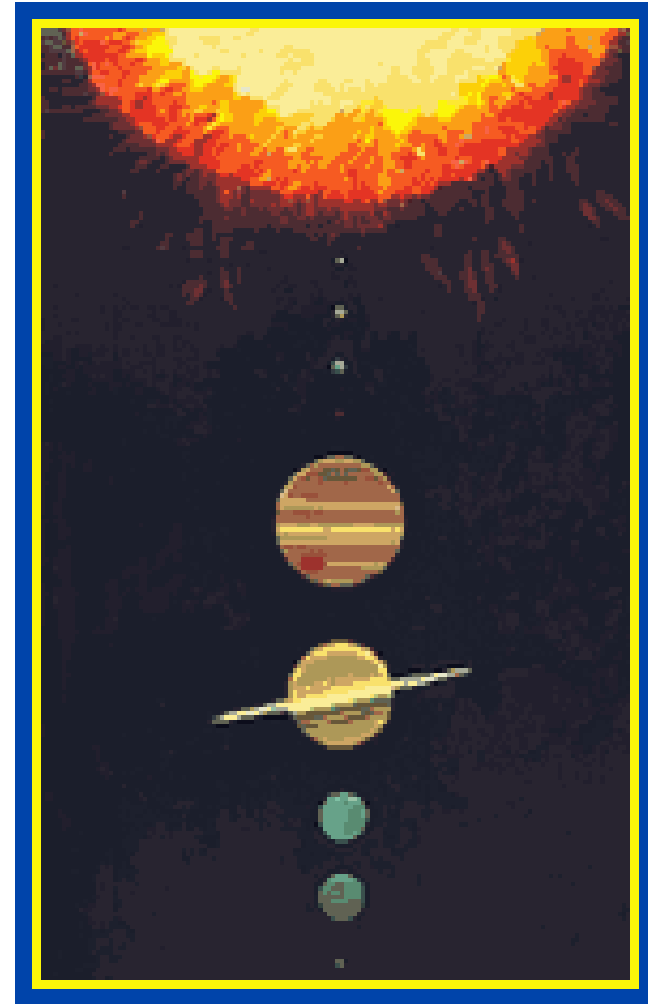


Leader Evaluation Results – Year 2

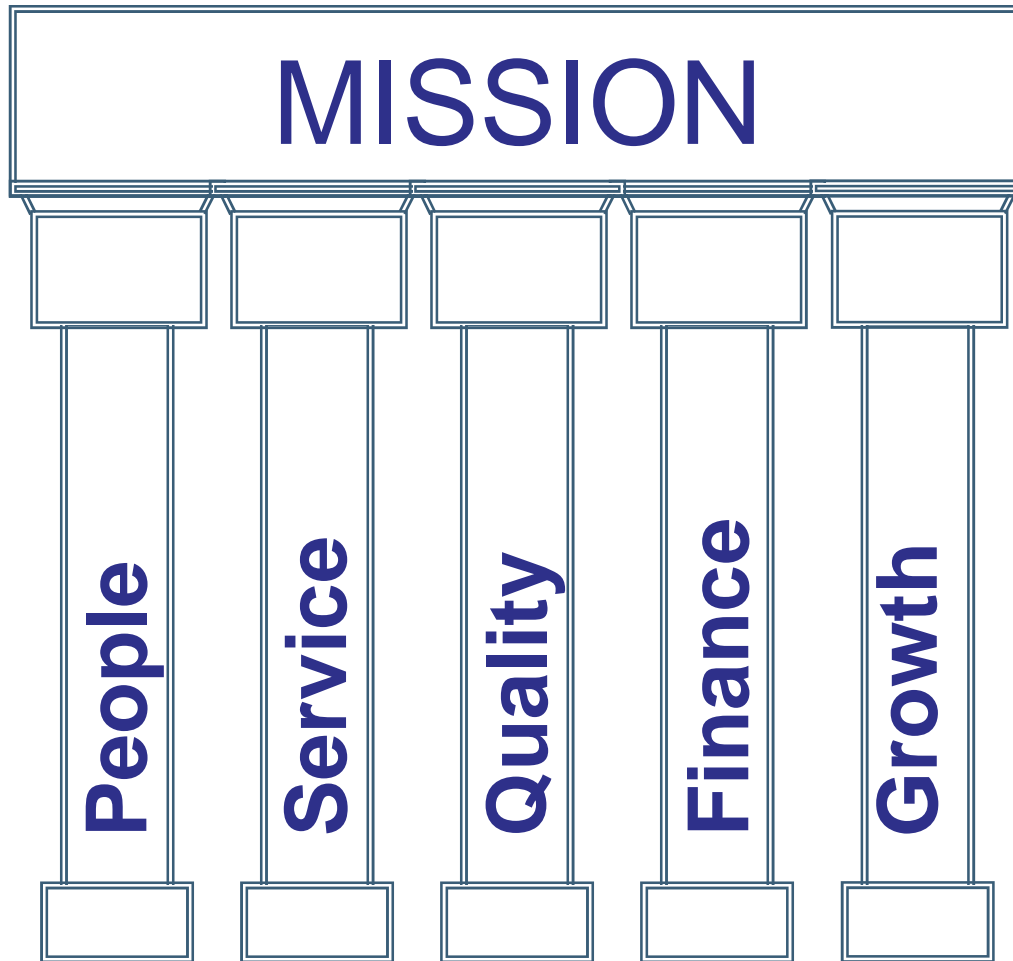


What is goal alignment?

Ensuring that individual leader activities are consistent with the goals of the organization.

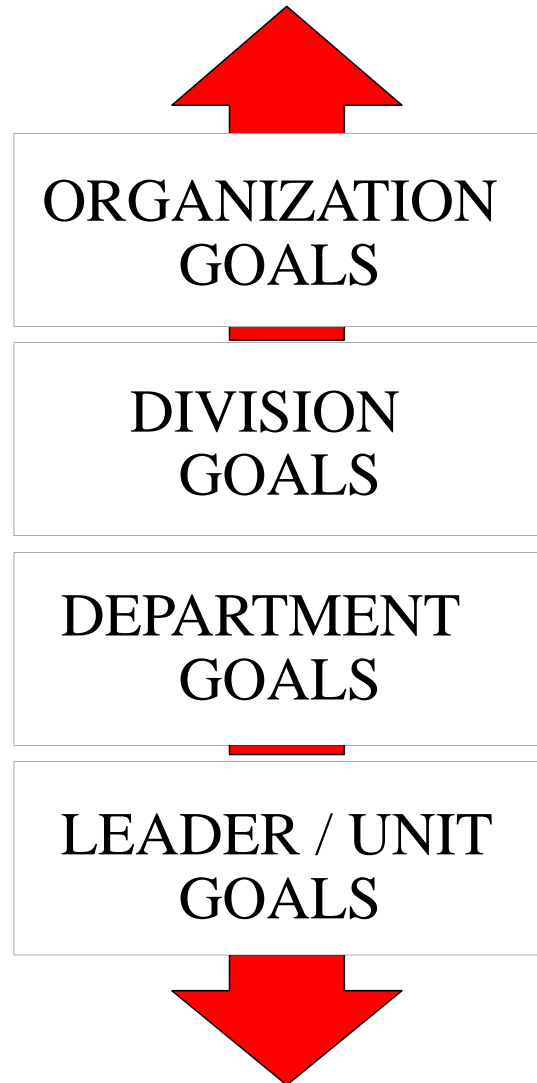


How Organizational Balance is Defined



Integrating and connecting the vision, value and goals of the organization into daily decisions, behaviors and actions

Vertical Alignment



Goal Development Process

1. Senior leaders set organizational goals
2. “Common” goals are set and assigned to leaders
3. Organizational and common goals are shared with all leaders
4. Each leader determines their goals and preliminary weights
5. Goals are reviewed by each leader’s reporting senior
6. Goals are shared within leadership team to insure everyone's needs are addressed
7. Goals are audited for continuity
8. Leaders finalize their goals

Goal Development

Goal Development Tips

- Develop quantifiable goals.

Leader Evaluation Requirements

Points of Leverage

Evaluation must be:

- Objective
- Measurable
- Contain metric ranges (1-5)
- Weighted*

Right Leader

Right Goal

Right Weight

Goal Scales

5 = Stretch

4 = Partial Stretch

3 = Goal

2 = Partial Accomplishment

1 = No Accomplishment

Example Goal with Rating Scale

Growth Goal

Increase the
number of visits to
200



Rating Scale

5 is ≥ 250

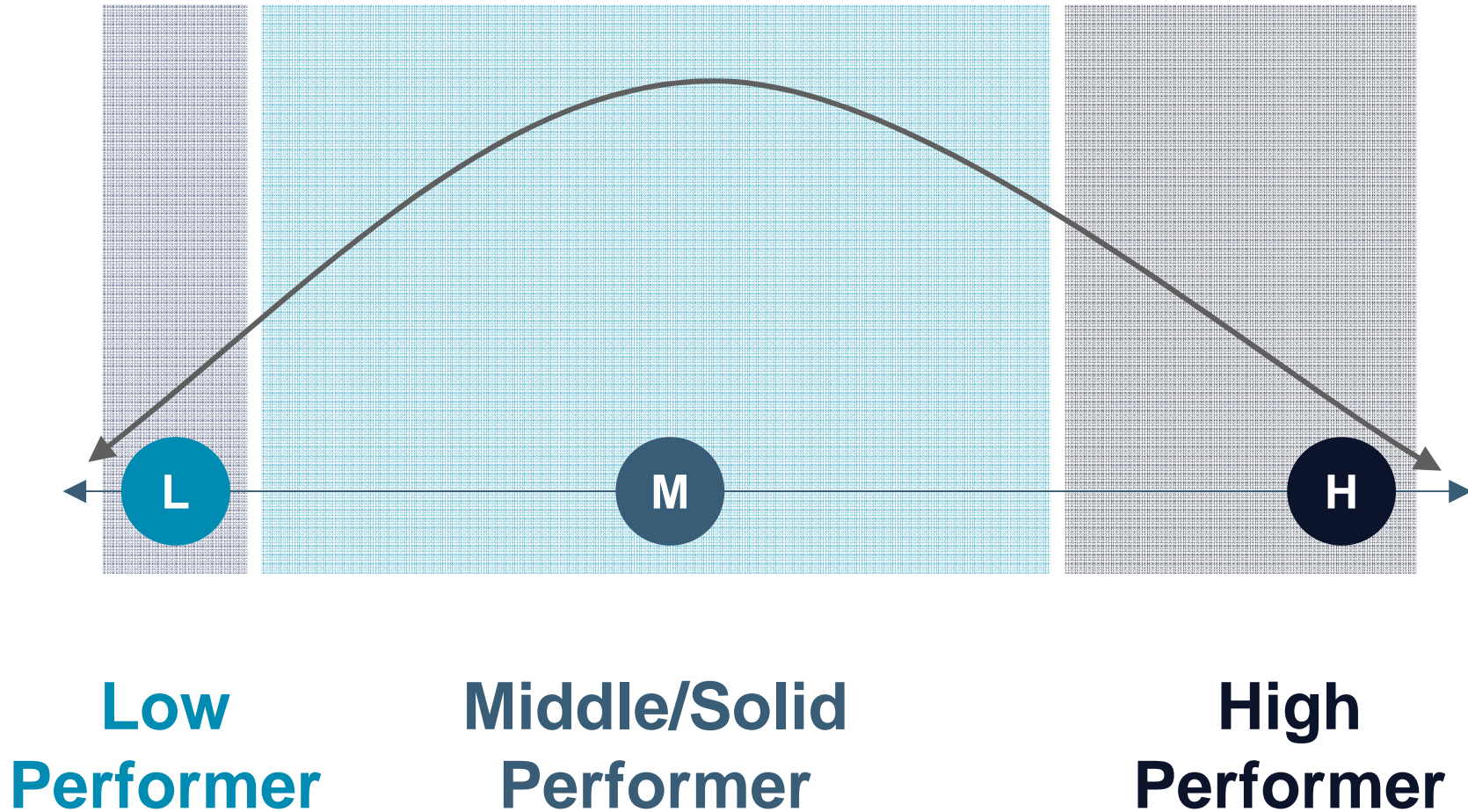
4 is 225 to 249

3 is 200 to 224

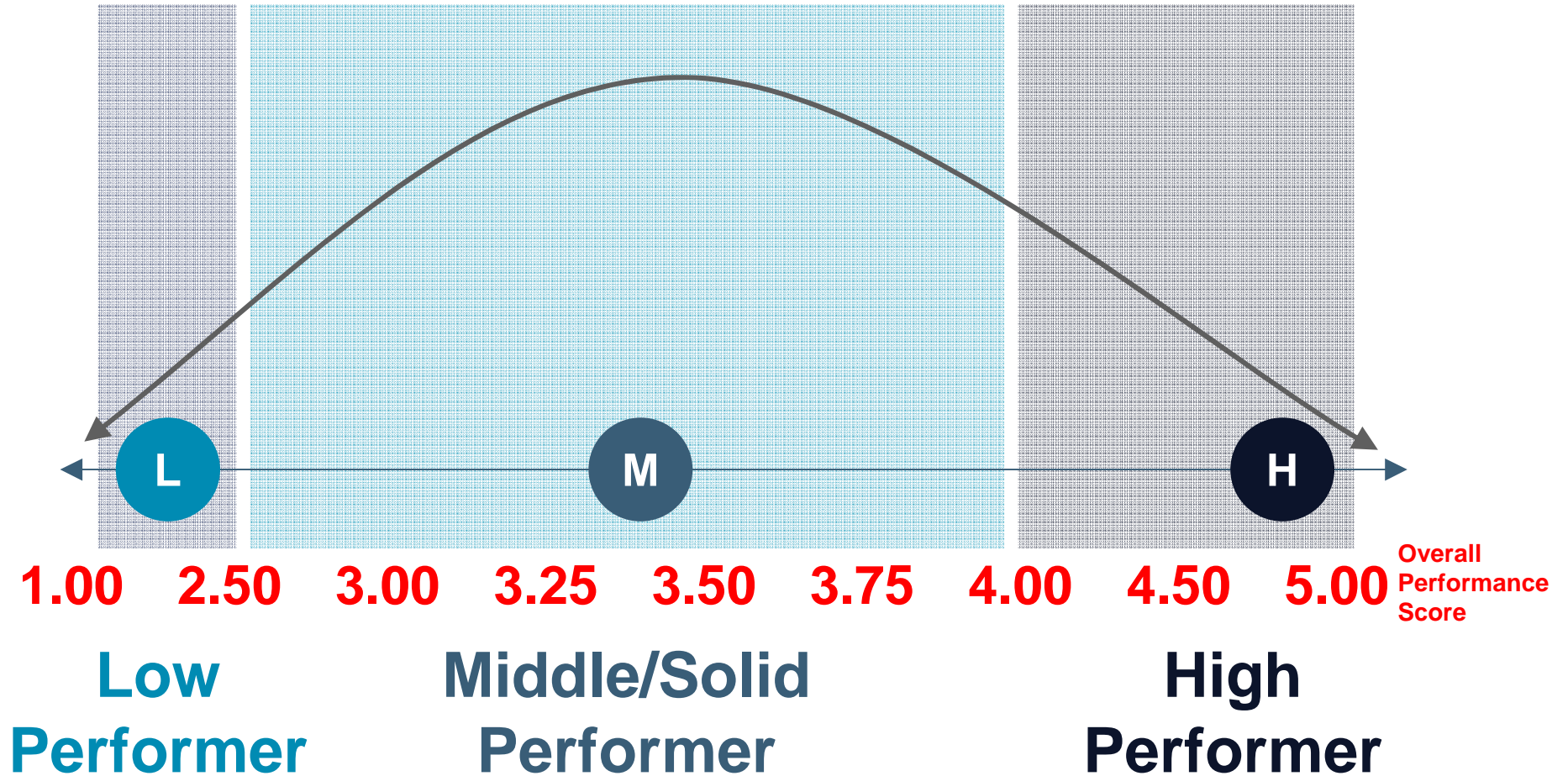
2 is 150 to 199

1 is ≤ 149

Performance Curve



Performance Curve



Goal Development Tips – Cont.

- Develop quantifiable goals.
- Use language that everyone understands.
- Connect goals to purpose.
- Fewer, rather than more goals, are better.

Goal Development Tips – Cont.

- It is not always practical to have a goal under each pillar.
- Goals should be aggressive yet realistic.
- Focus on results, not tactics or projects.

Goal or Tactic

- Conduct employee evaluations on time
- Complete expansion project on time
- Make post-discharge phone calls
- Reduce turnaround time
- Attend all leadership institutes
- Meet expense budget
- Meet OSHA safety standards

Define how much time goal must be sustained

- For fiscal year-to-date (FYTD)
- For the month of December
- For the 4th quarter
- For last 6 months of the year

What might not fit as goals:

- Standards of performance
- Subjective and vague statements
- Tactics to achieve goals
- Maintaining regulatory compliance
- Routine job activities

Middle Management Common Goals

(Examples)

- ▼ Budget
- ▼ Employee Engagement
- ▼ Patient Fall Rate
- ▼ Community Outreach
- ▼ Patient Perception of Care
- ▼ Interdepartmental Satisfaction

Establishing Priorities: Setting Weights

10%	20%	>30%
Awareness	Focus	Urgency

1-2-3 Rule of Thumb:

- 1 Goal Weighted at 30%
- 2 Goals Weighted at 20%
- 3 Goals Weighted at 10%

SMART Goals are

- **S**pecific
- **M**easurable
- **A**ttainable
- **R**elevant
- **T**ime-bound

Elements of an Effective Goal

- SMART (Specific, Measurable, Achievable, Relevant, Time-bound)
- Goal Statement includes the following information:
 - Increase/Decrease/Maintain
 - to the amount of
 - as measured by
 - for the time period
- Aligned to entity goals
- Quantitative

Goal Statement

- Increase/Decrease/Maintain _____ to _____ as measured by _____ for the time period of _____.

Example:

- Decrease Waiting Time to 12 Minutes as measured by Registration Log for the time period of 4th quarter of 2016.

Leader Evaluation Manager

Welcome: Brownstone, Jacqueline

[Annual Evaluation](#) |
 [90-Day Plan](#) |
 [Report Cards](#) |
 [Reports](#) |
 [Dashboard](#) |
 [Admin](#) |
 [Help](#) |
 [Return to Suite](#)

Annual Evaluation - 2013

Name	Leader	Department	Division	Job Title	Year Ending
Parker, Shirley - Nurse Manager	Alley, Michael Department Chair, Medicine	Nursing Administration	CNO	Nurse Manager	2013 ▾

[Show All](#) |
 [Department](#) |
 [Job Title](#) |
 [Division](#) |
 [My Hierarchy](#)

Search

S West

Gonzalez, Matthew

Administration

Alley, Michael

Brownstone, Jacqueline

CEO, CEO

CFO, CFO

Clinic, Manager

CNO, CNO

Department Chair, Medicine

Eng, Maggie - Hospice

Livingston, Judy

Mark, Susan - Home Health

Palmer, Chris - Attorney

Dietary

Henry, Carlos

Victor, James - Dietary

Education

Martin, Alan

Emergency Department

EVS, EVS

Moorer, David - MD

Shaw, Margaret - ED

Finance

Cass, Manager

Controller, Finance

Morrow, Leslie - OPO

Human Resources

Compensation, Benefits

O'Grady, William

VP, HR

Materials Management

Sundry, Peter - Materials

Medical Staff

Clinic, Physician

Nursing Administration

McAlister, Ben

Parker, Shirley - Nurse Manager

Organizational

Development

Blay, Pat

Quality

Service | 20 %

Goal Created From Template: HCAHPS Composite Bundle - Department
 Goal Aligned With Overarching Goal: HCAHPS Composite Bundle

Goal:

Improve the composites ranked at the 80th percentile or higher in six of the eight dimensions on the HCAHPS survey.

Actions ▾

Result : 3 for Jan thru Mar

Calculation Method : Last
 Units : Number of Composites

Higher is better

5 is 8 and above

4 is 7 to 7.9

3 is 6 to 6.9

2 is 5 to 5.9

1 is 4.9 and below

Scoring

Weighted Value	20% ▾	5
Score	2	4
Item Score	0.4	3
		2
		1

Notes ▾

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
6	5	5									

Quality | 35 %

Goal Created From Template: Falls
 Goal Aligned With Overarching Goal: Core Measures Bundle Percent

Goal:

No more than 3-2 falls per 1000 patient days.

Actions ▾

Result : 0 for Jan thru Mar

Calculation Method : Last
 Units : percent

Scoring

Weighted Value	20% ▾	5
Score		
Item Score		

Goal Created From Template: FY13: Employee Turnover – Baseline < 12%

Overarching Goal: FY13: Employee Turnover – Baseline < 12%

Goal:

Decrease employee turnover from 11% to 10%
as measured by internal HR Reporting

line 15

Actions

Result : 12 for Jan thru Feb

Calculation Method : Last
Units : Turnover %

Lower is better

5 is 7.9 and below

4 is 8 to 8

3 is 10 to 8.1

2 is 11 to 10.1

1 is 11.1 and above

Scoring

Value	25%	5
	3	4
	0.75	3
		2
		1

%	5
	4
	3
	2
	1

Decrease employee turnover from 11% to
10% as measured by internal HR Reporting

line 15

Actions

Calcu
Units

Lower

5 is 7

4 is 8

3 is 1

2 is 1

1 is 1

Score

Item Score

0.2

Jan

Feb

Mar

Apr

May

Jun

Jul

10

12

Leader Department Division Job Title Year Ending
Administration Administration CEO 2013 ▼

ABC
Spell
Check



Mark Approved

Click to assign user to edit results

Quarter 1 Quarter 2 Quarter 3 Quarter 4 Entire Year

Copy Entire Plan To

Select Quarter ▼

▼ Quality | 20 %

▲ People | 20 %

Goal Description : Decrease employee turnover from 11% to 10% as measured by internal HR Reporting line 15

Rating : Lower is better

5: 7-9 and below | 4: 8 to 8 | 3: 10 to 8 | 2: 11 to 10 | 1: 11-1 and above |

Action Steps

Level Results

Round on 100% of staff monthly



1



Completed

Delete



Write 5 TY Notes monthly



1



In process- 2 TY notes



Clinical Cascade: ICU Manager

Quality | 25 %

Goal Aligned With Overarching Goal: Core Measures Bundle Percent

Goal:

Achieve VAP rate of 1.5% or less

Actions ▼

Result : 0.5 for Mar thru Mar

Calculation Method : Average

Units : %

Lower is better

5 is .5 and below

4 is 1.0 to 0.6

3 is 1.5 to 1.1

2 is 2.0 to 1.6

1 is 2.1 and above

Scoring

Weighted Value

25% ▼

5

Score

5

4

3

Item Score

1.25

2

1

Notes ▼

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
		0.5									



*Never Underestimate
the Difference You Can
Make*



Tad Hunt, MS

Account Leader & Coach

Tad.hunt@studergroup.com

Cell – 402.326.9180